

Coming Home
STRONG!

**THE
FORT BLISS
RESTORATIO
&**



Mission Statement

The Fort Bliss Restoration and Resilience Center restores optimal functioning and battle-readiness to neurophysiologically, psychologically and spiritually challenged post-deployment Soldiers and their families using integrated state-of-the-art treatment to stimulate maximum resilience.

Program Impetus

- Soldiers being treated at CMHS for PTSD who did not want to be medically discharged
- Unit Pressure: 3 months □ FFD or MEB
- MEB statement: “This Soldiers has received maximum benefit from both inpatient and outpatient care”

R&R Center Core Theory

PTSD is a complex condition involving:

- Damage/dysfunction in several structures in the brain
- Dysregulation of central/peripheral nervous system
- Complex cognitive & emotional dysfunction
- Social/interpersonal maladaptation
- Spiritual disequilibrium

Treatment Theory

Adequate treatment must be:

- **Comprehensive**, addressing all aspects of the condition
- **Intensive**, to produce profound rehabilitation of mind, body and soul
- **Long enough** to achieve lasting change

Ribbon-Cutting 11 July 2007



VIP Visits

- Hon. Robert Gates, Secretary of Defense
- Hon. Pete Geren, Secretary of the Army
- General George Casey, Chief of Staff & Spouse
- General Richard Cody, Vice Chief of Staff & Spouse
- CSM William Gainey, SEAC, Joint Chiefs of Staff
- Congressman Duncan Hunter & Spouse
- Congressman John Murtha & Spouse
- Congressman Silvestre Reyes & Spouse
- Members of the House Armed Svcs. Comm.
- Many, many general grade officers
- More than 50 tours in 10 months



The Facility

- 1940's barracks
- 6,000 square feet
- Rehabbed for \$549,000
- Equipped for \$170,000

Main Features of Building

- An 'exclusive' place for post-deployment Soldiers & their families
- Non-medical lodge-like 'décor'
- A 'milieu', not a clinic for appointments
- Long hours
- Quiet space plus noisy space
- Rooms for Alternative Medicine

12 Therapy Rooms



- 1 Biofeedback
- 1 Testing/Cog Rehab
- 2 Family Therapy
- 9 Individual/Couple Therapy

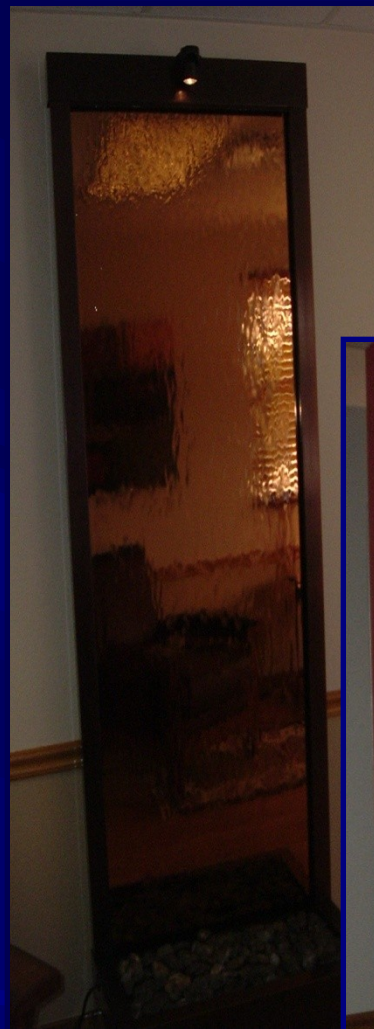
3 Alternative Medicine Rooms



- 1 Acupuncture
- 2 Medical Massage Therapy/Hot Stone Therapy/Reiki

Meditation Room





Warrior Lounge

Conference/Group Room





Movement Therapy Room
("Sprung" floor)

Wide-screen TV with cable, beanbag chairs,
sofa
Computers for games/e-mail access
Wii Playstation
Foosball Table
Game Table
Dartboard
Universal Gym/Mirror



Rec Room

~~Three Two~~ Programs

■ Warrior Resilience Program

■ Family Resilience Program

~~■ Dual Diagnosis Program (PTSD/Alcohol & Drug)~~

- Not enough “business”
- Conflicting roles
- Better handled by Treatment Plan or ASAP
- Center has its own A.A. group

Warrior Resilience Program


Three Phases

~~WARP 1 – 35 hours/week (~3 months)~~

~~WARP 2 – 21 hours/week (~3 months)~~

~~WARP 3 – 7 hours/week (~3 months)~~

- 6 months optimal, individualized program (no phases)
- 4 weeks of Aftercare

 All participants assigned to the Warrior Transition Unit of WBAMC

 Billeted with WTU unless living off post

 Anticipated number of Soldiers to be treated in Year 1: 150-200 100

Modalities of Treatment

- **Psychiatric Care** (Medical evaluation, medication management)
- **Psychotherapy** (Individual & Group)(EMDR, Hypnotherapy, psychodynamic, Prolonged Exposure,, Grief work, CPT, Life Coaching)
- **Biofeedback** (EEG Neurofeedback, Quantitative EEG, Capnography, Breath Coaching, Audio-Visual Entrainment (AVE), FreezeFramer®, Wild Divine®, Stress Eraser®, emWave® and RESPeRATE®)
- **Lifestyle Practices** (Nutrition, Sleep Hygiene, Alcohol/Drug, Finance, Couple Dynamics, PTSD 101, Panic disorder, Psychotropic Meds)
- **Alternative Medical Interventions** (Acupuncture, Chiropractic, Reiki, Therapeutic Massage, Cranial Electro Stimulation, Hot Stone Therapy, Naturopathy, Meridian Flexibility System™, Reflexology)
- **Expressive Therapies** (Art Therapy, Drum Therapy)
- **Mind-Body Therapies** (Qi Gong, T'ai Chi, Yoga, Yoga Nidra, Physical Therapy, Aryurvedic Breathing, Occupational Therapy)
- **Recreational Therapies** (Water Polo, Therapeutic Outings)
- **Meditative/Spiritual Interventions** (Meditation, Progressive Muscle Relaxation, Sweat Lodge, Warrior Spirituality Groups, Spiritual Counseling)

Treatment Framework/ Intervention 'Tracks'

- Agoraphobia/Claustrophobia Reduction
- Cognitive Error Remediation
- Memory Function Rehabilitation
- Emotional/Grief Work
- Sleep Improvement
- Military Reintegration
- Physical Arousal Reduction
- Re-Socialization/Family Reintegration
- Spiritual Healing

Intervention Detail

■ AGORAPHOBIA/CLAUSTROPHOBIA REDUCTION

Goal: Increase Soldier's tolerance for public places, crowds, enclosed areas

Interventions: Therapeutic outings to challenging public places (e.g., malls, bowling alley, Carlsbad Caverns) coupled with relaxation (arousal reduction) tools

Intervention Detail

■ COGNITIVE ERROR REMEDIATION

Goal: Reduce Soldier's cognitive distortions and errors related to combat experience

Intervention(s): Individual and group psychotherapy with CBT interventions, Cognitive Processing Training (CPT)

Intervention Detail

■ MEMORY FUNCTIONING REHABILITATION

Goal: Reduce Soldier's hyperarousal to increase ability to focus and attend, and improve memory functioning (encoding and retrieval) through hippocampal rehabilitation

Intervention(s):

Hyperarousal reduction: Acupuncture, biofeedback, Reiki, medical massage, daily power walk, daily physical training, water polo, meditation and movement therapies (T'ai Chi, Qigong, Yoga)

Improvement in Memory Functioning: Brain Train (computer-based cognitive rehabilitation program)

Intervention Detail

■ EMOTIONAL/GRIEF WORK

Goal: Reduce Soldier's emotional reaction to distressing combat memories/images, reduce frequency of reexperiencing, flashbacks and blackouts

Intervention(s): Individual and group psychotherapy, expressive (art) therapy focused on emotional processing and griefwork, Reiki, Meditation Room with Therasound®

Intervention Detail

■ SLEEP IMPROVEMENT

Goal: Increase duration and quality of sleep (restorative and uninterrupted)

Intervention(s): Sleep hygiene education, physical arousal reduction (below), emotion/grief work (above – to reduce nightmares, sleep restlessness, sleepwalking), and medication as necessary

Intervention Detail

■ MILITARY REINTEGRATION

Goal: Increase Soldier's ability to tolerate combat environments and activities

Intervention(s): Engagement Skills Trainer (EST) 2000 (indoor simulated firing range); brief group missions (day-long Habitat for Humanity mission)

Planned: Live range firing, shoot houses, IED lane, week-long Habitat for Humanity mission

Intervention Detail

■ PHYSICAL AROUSAL REDUCTION

Goal: Reduce Soldier's physical agitation, aggressiveness, startle response, muscular hypertonicity

Intervention(s): Acupuncture, biofeedback, Reiki, medical massage, meditation, daily power walk, daily physical training, water polo, and movement therapies (T'ai Chi, Qigong, Yoga), medication as necessary

Intervention Detail

■ RE-SOCIALIZATION /FAMILY REINTEGRATION

Goal: Increase Soldier's tolerance for/ability to engage in social interaction with comrades, friends, emotional closeness with family

Intervention(s): Recreation Room at R&R Center, Therapeutic Outings (planetarium, golf, bumper cars, water polo), Family and Couple Therapy, Couples Groups/Retreats, Family Nights

Intervention Detail

■ SPIRITUAL HEALING

Goal: Help Soldiers:

- re-gain a cohesive sense of self;
- incorporate combat experience into the "meaning" of their lives;
- work through issues of death, dying and killing; and
- resolve any confusion evoked by combat about God or higher power.

Intervention(s): Individual/group psychotherapy, counseling by Center chaplain, Reiki, meditation, mindfulness training, cross-cultural group experiences (Native American sweat lodge, Apache warrior healing ritual after killing, etc.)

Intensive Family Program

- **Evening hours** (ACS/Soldiers providing child care as needed)
- **Intervention with Post-Deployment Focus**
 - Family Treatment
 - Spouse Counseling (includes Alternative Medical)
 - Couple Counseling
 - Spouse Group
 - Couples Group
 - Kids Group
 - Parenting Education (ACS)
- **Family/Couple Events**
 - Marriage Enrichment
 - Family Nights
- **Linkages with School Personnel**

Typical Schedule

WARRIOR RESILIENCE PROGRAM SCHEDULE TEMPLATE

TIME	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY		
0730-0800	MORNING REPORT			MORNING REPORT			MORNING REPORT			MORNING REPORT			MORNING REPORT		
0800-0830	WALK		INDIVIDUAL APPTS.	INDIVIDUAL APPTS.	WALK		INDIVIDUAL APPTS.	WALK		WALK			WALK		
0830-0900	MOVEMENT THERAPY	EXPRESSIVE THERAPY			MOVEMENT THERAPY	EXPRESSIVE THERAPY		MOVEMENT THERAPY	EXPRESS. THERAPY	THERAPEUTIC OUTING			EDUCATION GROUP		
0900-0930															
0930-1000															
1000-1030															
1030-1100															
1100-1130															
1130-1200				LUNCH			LUNCH						LUNCH		
1200-1230															
1230-1300															
1300-1330	THERAPY GROUPS A: Vicki B: Linda C: Jerry			THERAPY GROUPS A: Vicki B: Sharon C: John			TOWN HALL MEETING			MOVEMENT THERAPY	EXPRESS. THERAPY	INDIVIDUAL APPTS.		CASE STAFFINGS	
1330-1400							MOVE. THER.	EXPRES. THER.	INDIVIDUAL APPTS.						
1400-1430															
1430-1445	BREAK		BREAK		BREAK			BREAK							
1445-1515	MEDITATION Eliza/Jerry		MEDITATION Eliza/Jerry		MEDITATION Nancy/Jerry			MEDITATION Nancy/Jerry							
1515-1600	PHYSICAL TRAINING (STOUT)		PHYSICAL TRAINING (STOUT)		PHYSICAL TRAINING (STOUT)			PHYSICAL TRAINING (STOUT)							
1600-1630															

Typical Program (32 hours)

Typical Soldier every week gets:

- 2 - 1-hour Individual Psychotherapy sessions/week
(1 Primary, 1 Secondary Therapist)
- 4 - 1-½-hour Psychotherapy groups
- 1 - 1-hour Reiki session/week (more at outset of tx)
- 1 - 1-hour Medical massage session
- 1 - 1-hour Acupuncture session
- 4 - 1-hour Movement Therapy groups
- 4 - 1-hour Art Therapy groups
- 4 - ½-hour Meditation groups
- 1 - 1-½-hour Lifestyle Education group
- 5 - ½-hour Power Walks
- 2 - 2-hour water polo sessions
- 4 - 1-½-hour Physical Training Sessions with NCOIC
- 1 - 4-hour Therapeutic Outing
- 1 - 20 min. Med. Management Appt every 2 weeks (more as necessary)

Staff (15.5 FTEs)

- Chief (Supervising Psychologist - YC-2)
- Administrator (GS-9)
- Clerk (GS-5)
- Clinical Director (Psychologist – GS-13)
- NCOIC (SFC – WTU)
- 2 Clinical Social Workers (GS-11)
- 2 Family Therapists (LCSW's GS-11)
- 1 Psychology Technician (GS-8)
- 1 Acupuncturist (Contract)
- 2 ½-time Reiki Master Teachers (Contract)
- 2 ½-time Medical Massage Therapists (Contract)
- 1 ½-time Movement Therapist (Contract)
- 1 ½-time Art Therapist (Contract)
- 1 ¼-time Prescriber (M.D. or N.P.) (CMHS)
- 1 ¼-time Chaplain (WTU)

Lessons Learned

■ 30 SOLDIERS IN A GROUP FOR 6 MONTHS **FORM A PLATOON**

- “The Wolfpack”
 - We’re not weak
 - I’ve got your back

■ A PLATOON OF 30 SOLDIERS **NEEDS AN NCOIC**

- Believe it or not, Soldiers (like most people) will try to get out of things
- “This is not Albertson’s” didn’t ultimately work
- NCOIC from WTU, not DMH was best (organic connection to their unit leadership)

More Lessons Learned

■ GROUP MENTORSHIP/DYNAMICS **CRUCIAL/TRICKY**

- ‘Older guys’ sponsor ‘newer guys’
- Soldiers wear PTs – no rank in the program
- Soldier to Soldier program at WTU

■ **DISENROLLMENTS/MEBs HARD**

- A threat to people in the group
- Often tumultuous
- Staff feelings of failure

Lessons Learned

■ MILIEU IS VERY INTENSE

- Exhilarating
- Exhausting
 - Groups very heavy
 - Compassion fatigue/burnout significant staff threat
 - Critical importance of Provider Resiliency Training

■ SIZE IS CRITICAL – Our Optimal Number is 30

- Keeps group cohesive
- Keeps therapy groups small
- Precludes participants getting 'lost'
- Somewhat dictated by building

Lessons Learned

■ CADRE EDUCATION ESSENTIAL

- FORSCOM Leadership skeptical (SIX months!?!) and stigma persists
- WTU Leadership mostly non-medical
 - PTSD Education crucial to avoid undercutting program
 - Many WTU Cadre are 'closet' PTSD cases

■ STAFF COHESION A CHALLENGE

- Dynamics as intense as among the Soldiers
- Intentional staff processing crucial (consultant)

Lessons Learned

FOCUS ON MISSION

1. Soldiers sometimes have significant problematic personality traits.
2. These traits may play a significant role in their susceptibility to PTSD.
3. These traits also are a significant challenge in their recovery from PTSD.
4. When Soldiers with personality traits are in treatment for 6 months, *you can't ignore them*.
5. Nevertheless, WE ARE NOT THERE TO TRANSFORM PERSONALITIES.
6. Keeping that in mind is easier said than done.
7. When the PD outshines the PTSD, you've reached baseline.

Research

■ ***Overall Effectiveness:***

- Does the R&R Center approach to treatment increase the retention of Soldiers with PTSD?
- Will measure R&R Center program versus “standard care” at Community Mental Health Service.
- Three-year study using a variety of psychological measures.

Research

Integrative Medical Studies: (Partnering with UTEP)

- **Reiki:** Several outcome designs measuring therapeutic effect as well as effect of frequency
- **Expressive Therapy:** Therapeutic effect of Photo Essay Therapy
- **Movement Therapy:** Therapeutic effect of kick-boxing (no contact) and water aerobics

Research

PTSD/mTBI Study:

- ***Spearheaded and funded by the U.S. Army Aeromedical Research Laboratory at Ft. Rucker***
- ***Will examine the comorbidity of mTBI and PTSD***
- ***Will explore possible ways to discriminate between them in the interest of improving treatment***









Drum roll

Preliminary Data & Projections

NOTE: All Soldiers admitted to the R&R Center program would otherwise have been discharged by MEB

Therapeutic Effectiveness (1 Sep 2007 - 30 Jun 2008):

-  ***Admitted: 56***
-  ***Disenrolled:* 5***
-  ***MEB'd **: 5***
-  ***Currently in Treatment: 30***
-  ***Returned FFD to branch: 16***
-  ***Retention rate: 61%***

 *

2 disenrolled at Soldiers' request, 3 for non-compliance

 **

Physical conditions not identified at enrollment

Preliminary Data & Projections

Cost Effectiveness: †

- Projected Number of Soldiers To Be Treated per year:
100***
- Projected Number Expected to Return to Force: 61***
- Projected Program Cost FY 2008: \$1.4 million***
- Projected Cost Per Soldier Returned to Force:
\$22,950***

† Projected Numbers based on enrollment in last two quarters; enrollment in first quarter was below capacity because of 1) challenges hiring staff and 2) cautious initial response of line units at Ft. Bliss to refer Soldiers to the program.

Questions?

- ***What will long-term attrition look like?***
- ***Can this program be replicated, and where?***
- ***Availability of staff?***
- ***What about MMRB's ?***
- ***?***
- ***?***
- ***?***

